

# Dodgeball Tournament Kiwanis Recreation Center



Dates: March 22nd and 23rd

Times: 6-10 pm

Fee: \$50 per team

Activity Code: KDBT-1B

**Registration Deadline: March 16th**

## Format and Rules

- This is an adult (18 yrs+) open double elimination tournament.
- Teams will be made up to 8-10 players. A minimum of 8 players will compete on a side; others will be available as substitutes.
- Matches will be decided using a “best-of-five,” format in which the first team to win three games is the winner.
- The official ball used in the tournament will be a 6” rubber-coated foam ball.
- The object of the game is to eliminate all opposing players by getting them “OUT!” This may be done by:
  1. Hitting an opposing player with a thrown ball below the shoulders.
  2. Catching a ball thrown by your opponent before it touches the ground.
- Each team will be allowed one 60-second timeout per game. At this time substitutions may be made.
- During play, all players must remain within the boundary lines. Players may only leave to get stray balls.
- Each game begins with the dodgeballs along the center line. Players then take a position behind their end line. Following a signal by the court monitor/official, teams may approach the centerline to retrieve balls.
- The first team to legally eliminate all opposing players will be declared the winner. A 8-minute time limit has been established for each contest. If neither team has been eliminated at the end of the 8-minutes, the team with the greater number of players remaining will be declared the winner. In the case of an equal number of players remaining after regulation, a 3-minute overtime period will be played.
- Rules will be enforced primarily by the “honor system.\*” Players will be expected to rule whether or not a hit was legal or whether they were legally eliminated.

\* All contests will be supervised by a court monitor. The court monitor’s decision is final

\*Exception: All Final Round matches will be officiated by no less than two (2) Officials. These officials will rule on all legal hits and out-of-bounds.

## Advanced Registration is Required!





# Dodgeball Tournament Registration Form

TEAM NAME \_\_\_\_\_

## Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

**\*By signing below, you accept the wavier of liability above.**

TEAM CAPTIAN		PLAYER 2	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 3		PLAYER 4	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 5		PLAYER 6	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 7		PLAYER 8	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 9		PLAYER10	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	

Total Paid \_\_\_\_\_ Check# \_\_\_\_\_ Charge \_\_\_\_\_ Cash Accepted \_\_\_\_\_ Date \_\_\_\_\_

